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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 112800003		CITY OR TOW	VI SUMERSE	21
APPLICATION FO	OR RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	: RAYAL INC.				
DOING BUSINESS	S A POTTERSVILLE	PUB			
ADDRESS 1098 -1	104 COUNTY ST.				
CITY/TOWN: SO	MERSET	STATE: MA	ZIP CODE:	: 02726	
MANAGER: O'C	onnor, Mary S. TYI	PE OF LICENSE: Res	taurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION OF	F LICENSED PREMIS	SES:			
BASEMENT WITH	ESTAURANT AND K H 2 ETNRANCES/EG THE REAR OF PRE	RESSES FRONTING	ON COUNTY	ST. AND 1 EN	TRANCE
I hereby certify and	swear under penalties	of perjury that:			
	wed license will be of	• •	-		
	see has complied with			ng to taxes; and	
3. the prem	nises are now open for	business (If not expla	in below)		
SIGNED BY:	Individual, Partner	or Authorized Corpo	rate Officer		
DATE:	TELEPHON	E NUMBER:		YER IDENTIFICAT	
			(Note: NOT	Individual Social S	Security Number)
Acts of 2004, signe	ed, attest that we are ed by the building ins certificate of liquor	spector and the head	of the fire dep	artment for the	above named
Please Check Below:			LOCAL LICE	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved exp	Lain)				
(11 disappioved exp	14111)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 112800004		CITY OR TOW	'N SOMERSE	ET
APPLICATION FOR	R RENEWAL:	Annual CLASS	LIC	ENSED FOR 20	013 YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 1142 CO	A MA RAFFA'S OF	SOMERSET			
CITY/TOWN: SON	MERSET	STATE: M	A ZIP CODE:	02726	
MANAGER: RAF	FA, DOMINIC TYPE	E OF LICENSE:	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOU	R EMAIL ADDRESS		
ENTRANCE ON FR	LICENSED PREMISE CONT OF BLDG FAC SOUTHERLY SIDE	ING COUNTY			MENT
 the renew the license 	wear under penalties of red license will be of the ee has complied with a ses are now open for b	e same type for all laws of the Co	ommonwealth relatin		
SIGNED BY:	Individual, Partner o	or Authorized Co	orporate Officer		
DATE:	TELEPHONE	NUMBER:		YER IDENTIFICAT	
Acts of 2004, signed	d, attest that we are in d by the building insp certificate of liquor li	ector and the h	ead of the fire depa	rtment for the	above named
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	nin)		LOCAL LICE By:	NSING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 112800006	CITY OR TOWN SOMERSET
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013
CLASS	YEAR
LICENSEE NAME: SAVA'S PIZZA, INC.	
DOING BUSINESS A SAVAS PIZZA	
ADDRESS 2979 COUNTY ST.	
CITY/TOWN: SOMERSET STATE: MA	ZIP CODE: 02726
MANAGER: KOUKNAS, TYPE OF LICENSE: RESERVED TO STEFANOS	estaurant CATEGORY: Wine and Malt Regular
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
STREET FLOOR OF 2 ADJOINING AND CONNECTED S MALT IN DINING AREA ONLY. TAKE OUT AREA AND COUNTY STREET IS PROHIBITED FROM THE SERVICE.	SEATING AREA LOCATED AT
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for the	e same premises now licensed;
2. the licensee has complied with all laws of the Com	nmonwealth relating to taxes; and
	nmonwealth relating to taxes; and
2. the licensee has complied with all laws of the Com	nmonwealth relating to taxes; and below)
the licensee has complied with all laws of the Com the premises are now open for business (If not exp SIGNED BY:	nmonwealth relating to taxes; and below)
the licensee has complied with all laws of the Com the premises are now open for business (If not exp SIGNED BY:	nmonwealth relating to taxes; and below)
the licensee has complied with all laws of the Com the premises are now open for business (If not exp SIGNED BY: Individual, Partner or Authorized Corp	emonwealth relating to taxes; and colain below) Dorate Officer EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) The certificate required by Chapter 304 of the and of the fire department for the above named
2. the licensee has complied with all laws of the Com 3. the premises are now open for business (If not exp SIGNED BY: Individual, Partner or Authorized Corp DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession (1) the Acts of 2004, signed by the building inspector and the healicense and (2) the certificate of liquor liability insurance Please Check Below:	emonwealth relating to taxes; and colain below) Dorate Officer EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) The certificate required by Chapter 304 of the and of the fire department for the above named
2. the licensee has complied with all laws of the Com 3. the premises are now open for business (If not exp SIGNED BY: Individual, Partner or Authorized Corp DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession (1) the Acts of 2004, signed by the building inspector and the healicense and (2) the certificate of liquor liability insurance Please Check Below: APPROVED:	employer identification number: (Note: NOT Individual Social Security Number) the certificate required by Chapter 304 of the ad of the fire department for the above named required by Chapter 116 of the Acts of 2010.
2. the licensee has complied with all laws of the Com 3. the premises are now open for business (If not exp SIGNED BY: Individual, Partner or Authorized Corp DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession (1) the Acts of 2004, signed by the building inspector and the healicense and (2) the certificate of liquor liability insurance Please Check Below: APPROVED: DISAPPROVED: DISAPPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) the certificate required by Chapter 304 of the ad of the fire department for the above named required by Chapter 116 of the Acts of 2010. LOCAL LICENSING AUTHORITY
2. the licensee has complied with all laws of the Com 3. the premises are now open for business (If not exp SIGNED BY: Individual, Partner or Authorized Corp DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession (1) the Acts of 2004, signed by the building inspector and the healicense and (2) the certificate of liquor liability insurance Please Check Below: APPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) the certificate required by Chapter 304 of the ad of the fire department for the above named required by Chapter 116 of the Acts of 2010. LOCAL LICENSING AUTHORITY
2. the licensee has complied with all laws of the Com 3. the premises are now open for business (If not exp SIGNED BY: Individual, Partner or Authorized Corp DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession (1) the Acts of 2004, signed by the building inspector and the healicense and (2) the certificate of liquor liability insurance Please Check Below: APPROVED: DISAPPROVED: DISAPPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) the certificate required by Chapter 304 of the ad of the fire department for the above named required by Chapter 116 of the Acts of 2010. LOCAL LICENSING AUTHORITY



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 112800009		CITY OR TOW	N SOMERSE	ΣΤ
APPLICATIO	N FOR RENEWAL:	Annual	LICI	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE N.	AME: MAGONIS FE	ERRY LANDING INC.			
DOING BUSI	NESS A				
ADDRESS 68	1 RIVERSIDE AVE.				
CITY/TOWN:	SOMERSET	STATE: MA	ZIP CODE:	02725	
MANAGER:	MAGONI, JEFFERY P	TYPE OF LICENSE: Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		_
-	N OF LICENSED PRE				
ROOM,ONE I LIQUOR SER	BANQUET ROOM,ON	OF FOUR ROOMS, NO NE COCKTAIL LOUNC N FOR FOOD PREP, BU X 52 ADDITION	SE, ALL THREE I	FOR FOOD AN	ID
I hereby certify	y and swear under pena	lties of perjury that:			
1. the	renewed license will be	e of the same type for the	e same premises no	ow licensed;	
	•	with all laws of the Com		g to taxes; and	
3. the	premises are now open	for business (If not exp	lain below)		
SIGNED BY:		rtner or Authorized Corp	orate Officer		
DATE:	TELEPI	HONE NUMBER:		YER IDENTIFICAT	
Acts of 2004,	signed by the building	e are in possession (1) the g inspector and the hea uor liability insurance	d of the fire depa	rtment for the	above named
Please Check Bel			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVI (If disapproved					
(11 disappioved	a explain)				_
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 112800011		CITY OR TOWN SO	MERSET
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED	FOR 2013
		CLASS		YEAR
LICENSEE N	AME: SO. SOMER	SET PROGRESSIVE CLU	B INC.	
DOING BUSI	NESS A			
ADDRESS 13	9 SEAVER AVE.			
CITY/TOWN	: SOMERSET	STATE: MA	ZIP CODE: 02	2726
MANAGER:	STEPHENS, RUSSELL J	TYPE OF LICENSE: Clu	b CATE	GORY: All Alcohol
EMAIL ADD	RESS:			
	PLEASE ALSO VISIT	Γ OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
	N OF LICENSED PI			
STOCKROOM	M FOR STORAGE C	I SIDE, ROOM ON SOUTI ONLY. UPSTAIRS FORHA ANCES IN REAR OF BLD	LL WITH TEMPORAR	Y BAR IN
I hereby certif	y and swear under pe	nalties of perjury that:		
1. the	renewed license will	be of the same type for the	same premises now licer	nsed;
2. the	licensee has complie	ed with all laws of the Comr	nonwealth relating to tax	es; and
3. the	premises are now op	en for business (If not expla	ain below)	
SIGNED BY:		Partner or Authorized Corpo	orate Officer	
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDE	NTIFICATION NUMBER:
	1222	THO VE TVOIVIBER.	(Note: NOT Individua	al Social Security Number)
Acts of 2004,	signed by the build	we are in possession (1) the ing inspector and the head iquor liability insurance r	l of the fire department	for the above named
Please Check Bel	low:		LOCAL LICENSING	AUTHORITY
APPROVED:			By:	
DISAPPROV				
(If disapprove	a explain)			
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 112800017		CITY OR TOWN	SOMERSE	ET
APPLICATION FO	R RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	T & C LIQUORS,	, INC.			
DOING BUSINESS	A TOWN & COUN	NTRY LIQUORS			
ADDRESS 1071 CO	DUNTY ST				
CITY/TOWN: SOI	MERSET	STATE: MA	ZIP CODE:	02726	
MANAGER: CAF M.	RDOZA, BRIAN TY	PE OF LICENSE:P	ackage Store C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
	LICENSED PREMI				
	OOM IN FRONT OF		T CONSISTING OF ND REAR ROOM F		
I hereby certify and	swear under penaltie	s of perjury that:			
1. the renev	ved license will be of	f the same type for the	ne same premises now	licensed;	
2. the licens	see has complied with	h all laws of the Con	nmonwealth relating t	to taxes; and	
3. the prem	ises are now open for	r business (If not exp	plain below)		
SIGNED BY:	Indicated Domes		orange Office		
	individual, Partne	er or Authorized Corp	porate Officer		
DATE:	THE HOUSE		EMPLOVE	D IDENTIFICAT	FION NUMBER.
DATE.	TELEPHON	NE NUMBER:			ΓΙΟΝ NUMBER: Security Number)
					,
Please Check Below:			LOCAL LICENS	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved expl	ain)				
(II disappioved expi	u <i>)</i>				
					_
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 112800	0018	CITY OR TOWN	SOMERSET
APPLICATION FOR RENE	WAL: Annual	LICEN	SED FOR 2013
	CLASS	S	YEAR
LICENSEE NAME: S.D. S.	MITH ENTERPRISES INC.		
DOING BUSINESS A INDI	AN SPRINGS LIQUOR		
ADDRESS 3055 COUNTY S	ST		
CITY/TOWN: SOMERSET	STATE:	MA ZIP CODE:	02726
MANAGER: SMITH SCO SETTERS	TT TYPE OF LICENSI	E:Package Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE AL	SO VISIT OUR WEBSITE AND ENTER Y	OUR EMAIL ADDRESS	
DESCRIPTION OF LICENS	ED PREMISES:		
2800 SQ. FT. RETAIL SPACTWO DELIVERY DOORS I		E/EXIT FACING COUN	ΓΥ STREET AND
3. the premises are n SIGNED BY:	omplied with all laws of the Cow open for business (If not dual, Partner or Authorized County)	explain below)	
	·		
DATE:	ΓELEPHONE NUMBER:		t IDENTIFICATION NUMBER: ividual Social Security Number)
Please Check Below: APPROVED:			ING AUTHORITY
DISAPPROVED:		By:	
(If disapproved explain)			
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1	12800019		CIT	TY OR TOW	N SOMERSE	ET
APPLICATION FOR R	ENEWAL:	Annu	al	LICE	NSED FOR 2	013
		CLAS	SS			YEAR
LICENSEE NAME: E	LIE KARAM					
DOING BUSINESS A	SOMERSET COUN	NTRY STOR	Œ			
ADDRESS 1804 COUN	TY STREET					
CITY/TOWN: SOME	RSET	STATE:	MA	ZIP CODE:	02726	
MANAGER:	TYPE	OF LICENS	SE:Package	e Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:	-					
PLEA	ASE ALSO VISIT OUR WEBS	SITE AND ENTER	YOUR EMAIL A	ADDRESS		
DESCRIPTION OF LIC						
SINGLE STORY WOO CELLAR USED FOR M AND MALT BEVERAGE	MISCELLANEOUS					
I hereby certify and swea		f perjury that	ı :			
	license will be of the			e premises no	w licensed;	
2. the licensee h	nas complied with al	ll laws of the	Commony	wealth relating	g to taxes; and	
3. the premises	are now open for bu	isiness (If no	t explain b	elow)		
SIGNED BY:						
Ir	ndividual, Partner or	r Authorized	Corporate	Officer		
DATE:	TELEPHONE	NUMBER:			ER IDENTIFICA	
				(Note: NOT	Individual Social S	Security Number)
Please Check Below:			L	OCAL LICE	NSING AUTH	ORITY
APPROVED:				y:	101110110111	
DISAPPROVED:						
(If disapproved explain)			_			
			-			
DATE:			=			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 112800020		CITY OR TOWN	SOMERSE	ET
APPLICATION FOR	RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	SOMERSET PACK	AGE STORE,IN	C.		
DOING BUSINESS	A				
ADDRESS 1011 G.A	.R. HGWY				
CITY/TOWN: SOM	IERSET	STATE: M	A ZIP CODE:	02725	
MANAGER: OLLE N	ERHEAD,JASO TYP	E OF LICENSE:	Package Store C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
1	PLEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION OF I					
			IL SALES, 2 STORA DE OF BUILD ING A		
I hereby certify and s	wear under penalties	of perjury that:			
1. the renewe	ed license will be of the	ne same type for	the same premises nov	v licensed;	
	=		mmonwealth relating	to taxes; and	
3. the premis	es are now open for b	ousiness (If not ex	xplain below)		
SIGNED BY:	Individual, Partner	or Authorized Co	rporate Officer		
DATE:	TELEPHONE	E NUMBER:			ΓΙΟΝ NUMBER:
			(Note: 1401 III	dividual Social S	Security Number)
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	111)				
			_		
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 112800023	CITY OR TOWN SOMERSET
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013
CLASS	YEAR
LICENSEE NAME: CHINA LAKE MANAGEMENT, INC	2
DOING BUSINESS A CHINA LAKE RESTAURANT	
ADDRESS 2732 COUNTY ST.	
CITY/TOWN: SOMERSET STATE: MA	ZIP CODE: 02726
MANAGER: KWAN, TUENG TYPE OF LICENSE:RO HONG	estaurant CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
SINGLE STORY BLDG; FRONT DOOR FOR FORMAL EN EMERGENCY ENTRANCES AND EXITS ON THE LEFT SIDE OF BUILDING	
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for th	e same premises now licensed;
2. the licensee has complied with all laws of the Com	_
3. the premises are now open for business (If not exp	doin bolow)
The state of the s	nam below)
SIGNED BY: Individual, Partner or Authorized Corp.	
SIGNED BY:	
SIGNED BY: Individual, Partner or Authorized Corp.	
SIGNED BY:	
SIGNED BY: Individual, Partner or Authorized Corp	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) the certificate required by Chapter 304 of the ad of the fire department for the above named
SIGNED BY: Individual, Partner or Authorized Corp DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession (1) the Acts of 2004, signed by the building inspector and the healicense and (2) the certificate of liquor liability insurance Please Check Below:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) the certificate required by Chapter 304 of the ad of the fire department for the above named
SIGNED BY: Individual, Partner or Authorized Corp. DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession (1) the Acts of 2004, signed by the building inspector and the healicense and (2) the certificate of liquor liability insurance Please Check Below: APPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) the certificate required by Chapter 304 of the ad of the fire department for the above named required by Chapter 116 of the Acts of 2010.
SIGNED BY: Individual, Partner or Authorized Corp. DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession (1) the Acts of 2004, signed by the building inspector and the healicense and (2) the certificate of liquor liability insurance Please Check Below: APPROVED: DISAPPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) the certificate required by Chapter 304 of the ad of the fire department for the above named required by Chapter 116 of the Acts of 2010. LOCAL LICENSING AUTHORITY
SIGNED BY: Individual, Partner or Authorized Corp. DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession (1) the Acts of 2004, signed by the building inspector and the healicense and (2) the certificate of liquor liability insurance Please Check Below: APPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) the certificate required by Chapter 304 of the ad of the fire department for the above named required by Chapter 116 of the Acts of 2010. LOCAL LICENSING AUTHORITY
SIGNED BY: Individual, Partner or Authorized Corp. DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession (1) the Acts of 2004, signed by the building inspector and the healicense and (2) the certificate of liquor liability insurance Please Check Below: APPROVED: DISAPPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) the certificate required by Chapter 304 of the ad of the fire department for the above named required by Chapter 116 of the Acts of 2010. LOCAL LICENSING AUTHORITY



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 112800024		CITY OR TOWN SOME	ERSET
APPLICATION FOR RENEWAL:	Annual	LICENSED FO	OR 2013
	CLASS		YEAR
LICENSEE NAME: MARGI CORP			
DOING BUSINESS A CORREIA &	SONS MARKET		
ADDRESS 500 READ ST			
CITY/TOWN: SOMERSET	STATE: MA	ZIP CODE: 02720	6
MANAGER: PATEL, ANIL B.	ΓΥΡΕ OF LICENSE: Pack	cage Store CATEGO	PRY: Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION OF LICENSED PRE	MISES:		
ONE FLOOR. ONE DOOR IN THE IF		ON AVE FOR DELIVERII	ES. GROUND
2. the licensee has complied v 3. the premises are now open SIGNED BY: Individual Port	for business (If not explain	in below)	and
marviauai, Pari	tner or Authorized Corpor	ate Officer	
DATE: TELEPH	ONE NUMBER:	EMPLOYER IDENTI	FICATION NUMBER:
		(Note: NOT Individual So	ocial Security Number)
Please Check Below: APPROVED: DISAPPROVED:		LOCAL LICENSING AU By:	UTHORITY
(If disapproved explain)			
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 112800025	CITY OR TOWN SOMERSET
APPLICATION FOR RENEWAL: Annu	ual LICENSED FOR 2013
CLA	SS YEAR
LICENSEE NAME: WILBUR INVESTMENTS,INC	•
DOING BUSINESS A WILBUR LIQUOR & VIDEO	
ADDRESS 1905 WILBUR AVENUE	
CITY/TOWN: SOMERSET STATE:	MA ZIP CODE: 02725
MANAGER: MACHADO, TYPE OF LICEN RONALD	ISE:Package Store CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER	R YOUR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
SALES AREA AND BASEMENT FOR STORAGE. MON NORTH SIDE. EMERGENCY EXIT ON NORTH	
 the renewed license will be of the same type the licensee has complied with all laws of th the premises are now open for business (If n 	e Commonwealth relating to taxes; and
SIGNED BY: Individual, Partner or Authorized	d Corporate Officer
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Please Check Below: APPROVED:	LOCAL LICENSING AUTHORITY
DISAPPROVED:	By:
(If disapproved explain)	
DATE:	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	112800026		CITY (OR TOWN	1 SOMERS	ET
APPLICATION FOR	RENEWAL:	Annual	I	LICE	NSED FOR 2	013
		CLASS	S			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 1229 WIL	1	LY RESTAURAN	NT,INC.			
CITY/TOWN: SOM	ERSET	STATE:	MA ZII	P CODE:	02725	
MANAGER: DESIL	LVA, JANET TY	PE OF LICENSI	E:Restaurant	(CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PI	LEASE ALSO VISIT OUR V	VEBSITE AND ENTER Y	OUR EMAIL ADDR	ESS		
DESCRIPTION OF L ENTRANCES AND F ENTRANCE/EXIT O	EXITS ON THE E.	AST AND NOR	ΓΗ SIDES O	F BLDG. A	AND AN EM	PLOYEE
2. the licensee	vear under penaltie d license will be of e has complied wit es are now open for	f the same type for h all laws of the to business (If not	or the same pr Commonweal explain below	th relating w)		
DATE:	TELEPHO	NE NUMBER:	4)			TION NUMBER: Security Number)
We the undersigned, Acts of 2004, signed license and (2) the co	by the building in	spector and the	head of the	fire depai	tment for the	e above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LOC. By:	AL LICEN	ISING AUTH	ORITY
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	112800028		CITY	OR TOWN	SOMERSE	Γ
APPLICATION FOR	RENEWAL:	Annual		LICEN	SED FOR 20)13
		CLASS				YEAR
LICENSEE NAME:	LOUIS A. COLON	N AMVETS POST	#72, INC.			
DOING BUSINESS A	Λ					
ADDRESS 659 BRAY	YTON AVE.					
CITY/TOWN: SOM	ERSET	STATE: M	A ZI	P CODE:	02726	
MANAGER: SARD DAVI		PE OF LICENSE:	Club	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
P	LEASE ALSO VISIT OUR W	EBSITE AND ENTER YOU	R EMAIL ADDI	RESS		_
DESCRIPTION OF L	ICENSED PREMI	SES:				
5 ROOMS: KITCHEN ENTRANCE IS LOCA						
SIGNED BY:	es are now open for	r or Authorized Co				
DATE:	TELEPHON	NE NUMBER:	(1			TON NUMBER: ecurity Number)
We the undersigned Acts of 2004, signed license and (2) the co	by the building in	spector and the h	ead of the	fire depart	ment for the	above named
Please Check Below:			LOC	AL LICENS	SING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED: (If disapproved explain						
(11 disappioved expidi	,					
						_
DATE:						_



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1128000)29	CITY OR TOWN	SOMERSET
APPLICATION FOR RENEW	Annual Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: RED'S S	OMERSET,INC.		
DOING BUSINESS A RED'S	SOMERSET		
ADDRESS 505 G.AR HIGH	WAY		
CITY/TOWN: SOMERSET	STATE: M	ZIP CODE:	02726
MANAGER: PEDRO, MESI	AS TYPE OF LICENSE:	Package Store Ca	ATEGORY: Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOU	JR EMAIL ADDRESS	
DESCRIPTION OF LICENSE	D PREMISES:		
1 STORY CONCRETE AND I FACING GAR HIGHWAY AT			
3. the premises are not SIGNED BY:	nplied with all laws of the Co w open for business (If not e	xplain below)	o taxes; and
marviat	iai, Farther of Authorized Co	inporate Officer	
DATE: TI	ELEPHONE NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
Please Check Below: APPROVED:			SING AUTHORITY
DISAPPROVED:		By:	
(If disapproved explain)			
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 112800030		CITY OR TOWN	SOMERSE	ET
APPLICATION FO	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	EDDY'S SERVICE	E CENTER, INC			
DOING BUSINESS	A				
ADDRESS 525 COU	JNTY ST				
CITY/TOWN: SON	MERSET	STATE: N	ZIP CODE:	02726	
MANAGER: HAII	DAR, YOLLA TY	PE OF LICENSE	:Package Store C	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YO	UR EMAIL ADDRESS		
DESCRIPTION OF					
ONE STORY CONC		STORE WITH	ONE PUBLIC ENTRA	ANCE/EXIT C	ON WEST
2. the licens		all laws of the C	the same premises nov ommonwealth relating explain below)		
SIGNED BY:	Individual, Partner	r or Authorized C	orporate Officer		
DATE:	TELEPHON	NE NUMBER:			FION NUMBER: Security Number)
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	ain)		LOCAL LICEN By:	SING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	:112800031		CITY O	R TOWN	SOMERSE	Γ
APPLICATION FOR	RENEWAL:	Annual		LICEN	SED FOR 20)13
		CLASS				YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 01878A	A QUALITY INN	MOTOR LODGE (CORP			
CITY/TOWN: SOM	IERSET	STATE: MA	ZIP	CODE:	02725	
MANAGER: FERR	IS, MONTE C. TY	PE OF LICENSE:In	nholder	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR W		EMAIL ADDRE	SS		_
DESCRIPTION OF I 105 ROOM HOTEL CONFERENCE ROO	INCLUDING AN C	FFICE, LAUNDRY			CHEN,	
2. the license	ed license will be of the has complied with the es are now open for	all laws of the Com	nmonwealth	h relating t		
	marviduai, r artiiei	of Authorized Corp	orate Offi	CEI		
DATE:	TELEPHON	E NUMBER:	(No			TION NUMBER: ecurity Number)
We the undersigned Acts of 2004, signed license and (2) the c	by the building in	spector and the hea	d of the f	ire depart	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCA By:	L LICENS	SING AUTH	ORITY
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 11280003	6	CITY OR TOWN	SOMERSET
APPLICATION FOR RENEWA	AL: Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: PROSPEI DOING BUSINESS A NEW Y	•	2.	
ADDRESS 182 SLADES FERR	Y AVENUE		
CITY/TOWN: SOMERSET	STATE: MA	ZIP CODE:	02726
MANAGER: LU, AI YI	TYPE OF LICENSE:R	estaurant C.	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO V	VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSED	PREMISES:		
ONE STORY RESTARANT CO ENTRY/WAITING ROOM; 1 K FERRY AVE., 1 EXIT AT RAE	KITCHEN, 1 ENTRANCE A	T FRONT OF BUILI	
I hereby certify and swear under	penalties of perjury that:		
1. the renewed license v	vill be of the same type for th	e same premises now	licensed;
2. the licensee has comp	olied with all laws of the Con	nmonwealth relating t	o taxes; and
3. the premises are now	open for business (If not exp	olain below)	
SIGNED BY: Individua	l, Partner or Authorized Corp	oorate Officer	1
DATE: TE	LEPHONE NUMBER:		R IDENTIFICATION NUMBER:
		(Note: NOT Inc	lividual Social Security Number)
We the undersigned, attest the Acts of 2004, signed by the bulicense and (2) the certificate of	ilding inspector and the hea	ad of the fire depart	ment for the above named
Please Check Below:		LOCAL LICENS	SING AUTHORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(11 disappioved explain)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 112800039		CITY OR TOW	N SOMERSE	ET
APPLICATION FOR	R RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	LIAKOS PIZZA, I	NC			
DOING BUSINESS	A MINERVA'S II E	SAR & GRLL			
ADDRESS 2756 CO	UNTY ST				
CITY/TOWN: SON	MERSET	STATE: MA	ZIP CODE:	02726	
MANAGER: LIAK	KOS, AGORO TYI	PE OF LICENSE: Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
·	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR F	MAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMIS	SES:			
40X50 SQ FT GROU 2000 SQ FT, ENTRA				R CONSISTIN	NG OF
2. the license	ed license will be of ee has complied with ses are now open for	the same type for the all laws of the Com	monwealth relating		
DATE:	TELEPHON	E NUMBER:		ER IDENTIFICAT	
We the undersigned Acts of 2004, signed license and (2) the o		spector and the hea	d of the fire depar	rtment for the	above named
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: [nin)				
(11 disapproved expit	···· <i>,</i>				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 112800040		CITY OR TOWN SOMERS	SET		
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR	2013		
		CLASS		YEAR		
LICENSEE NAME: DOING BUSINESS A	A AUCLAIR'S MARI					
ADDRESS 145 COU	NTY STREET					
CITY/TOWN: SOM	ERSET	STATE: MA	ZIP CODE: 02726			
MANAGER: AUCI	LAIR, DENIS J TYPE	OF LICENSE: Pac	ckage Store CATEGORY	Y: Wine and Malt Regular		
EMAIL ADDRESS:						
	LEASE ALSO VISIT OUR WEBS		MAIL ADDRESS			
DESCRIPTION OF L						
	NG DOUBLE DOOR		OMPLETE GROCERY MARI AND HAS LOADING AND	KET.		
2. the license		ll laws of the Comn	same premises now licensed; nonwealth relating to taxes; and ain below)	1		
SIGNED BY:	Individual, Partner o	r Authorized Corpo	orate Officer			
DATE:	TELEPHONE	NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)			
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LOCAL LICENSING AUTI	HORITY		
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 112800042		CITY OR TOWN SOMERS!	ET
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE NAME:	MITA ENTERPRIS	ES OF RHODE ISL	AND, LLC	
DOING BUSINESS A	A PIZZA HUT			
ADDRESS 191 GRA	ND ARMY HIGHW	AY		
CITY/TOWN: SOM	IERSET	STATE: MA	ZIP CODE: 02725	
MANAGER: FERR	REIRA, BECKYTYP	E OF LICENSE: Res	taurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
I	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF I				
ENTRANCE	JRANT WITH TWO	ENTRANCES FOR	R CUSTOMERS AND ONE RI	EAR
2. the license	ee has complied with ees are now open for b	all laws of the Comm		
DATE:	TELEPHONE	E NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
Acts of 2004, signed	by the building insp	pector and the head	e certificate required by Chap of the fire department for the equired by Chapter 116 of the	e above named
Please Check Below:			LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
DISAPPROVED: [(If disapproved expla	 in)			
, and the same	,			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	:112800043		CITY OR	TOWN SOMERSE	ΣT
APPLICATION FOR	RENEWAL:	Annual	Annual LICENSED FOR		
		CLASS			YEAR
LICENSEE NAME:	LINA'S PLACI	E, INC			
DOING BUSINESS	A				
ADDRESS 833 COU	NTY ST				
CITY/TOWN: SOM	IERSET	STATE: MA	ZIP C	ODE: 02726	
MANAGER: PON	ΓE, LINA	TYPE OF LICENSE:Res	staurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
]	PLEASE ALSO VISIT OU	JR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF I	LICENSED PRE	MISES:			
THE BLDG. FIRST	FLR;RESTAUR	WITH AN ENTRANCE ANT AREA WHICH CO EEN TABLES. SECOND	ONSISTS O	F S KITCHEN,	SIDES OF
I hereby certify and s	wear under pena	Ities of perjury that:			
1. the renewe	ed license will be	e of the same type for the	same prem	ises now licensed;	
	-	with all laws of the Comr		relating to taxes; and	
3. the premis	ses are now open	for business (If not explain	ain below)		
SIGNED BY:					
SIGINED DT.	Individual, Par	tner or Authorized Corpo	orate Office	r	
DATE:	TFI FPH	IONE NUMBER:	E	MPLOYER IDENTIFICAT	ΓΙΟΝ NUMBER:
	I LLLI II	ONE WOMBER.	(Note	NOT Individual Social S	Security Number)
Acts of 2004, signed	by the building	are in possession (1) the g inspector and the head nor liability insurance r	d of the fire	e department for the	above named
Please Check Below:			LOCAL	LICENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: [(If disapproved expla	in)				
(ii disappioved expid	···· <i>,</i>				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 112800044		CITY OR TOWN	SOMERSET
APPLICATION FO	OR RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE NAME	E: Pepper Dining, I	nc		
DOING BUSINES	S A CHILI'S GRILI	L & BAR		
ADDRESS 825 GA	AR HIGHWAY			
CITY/TOWN: SC	OMERSET	STATE: MA	ZIP CODE:	02725
	CKCROFT, T CHAEL T.	YPE OF LICENSE:R	estaurant C	ATEGORY: All Alcohol
EMAIL ADDRESS	S:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
	F LICENSED PREM			
		DINING FACILITIE US ENTRANCE TO		
	nises are now open f	ith all laws of the Cor for business (If not exp ner or Authorized Cor	plain below)	o taxes, and
DATE:	TELEPHO	ONE NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
Acts of 2004, sign	ed by the building i	inspector and the he	ad of the fire depart	red by Chapter 304 of the ment for the above named er 116 of the Acts of 2010.
Please Check Below:	_		LOCAL LICENS	SING AUTHORITY
APPROVED: DISAPPROVED:			By:	
(If disapproved exp	blain)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 112800045		CITY OR TOWN	SOMERSE	Т
APPLICATION FOI	R RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME:	JILLIAN'S,LTD				
DOING BUSINESS	A JILLIAN'S				
ADDRESS 1876 WI	LBUR AVENUE				
CITY/TOWN: SON	MERSET	STATE: MA	ZIP CODE:	02726	
MANAGER: FER	RIS, MONTE C. TYPE	OF LICENSE: Res	taurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF	PLEASE ALSO VISIT OUR WEBS LICENSED PREMISE		IAIL ADDRESS		_
I hereby certify and s	swear under penalties o	f perjury that:			
1. the renew	red license will be of the	e same type for the	same premises now	licensed;	
2. the licens	ee has complied with a	ll laws of the Comn	nonwealth relating to	taxes; and	
3. the premi	ses are now open for bu	ısiness (If not expla	in below)		
SIGNED BY:	Individual, Partner or	r Authorized Corpo	rate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYEF (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Acts of 2004, signed	d, attest that we are in d by the building insp certificate of liquor lia	ector and the head	of the fire departi	nent for the	above named
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved explain	ain)				
(ii disappioved expir)				
					_
DATE:					
APPLICATION FOR RENEV	WAL MUST BE FILED BY LICE	ENSEES DURING THE M	ONTH OF NOVEMBER (M	.G.L. Ch. 138 \$ 16	5A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 112800046		CITY OR TOWN SOMERSET	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013	
	CLASS	YEAR	
LICENSEE NAME: LOS PELONES DOING BUSINESS A FIESTA MEX			
ADDRESS 117 COUNTY ST			
CITY/TOWN: SOMERSET	STATE: MA	ZIP CODE: 02726	
MANAGER: RAMIREZ, EFRAIN	ΓΥΡΕ OF LICENSE: Re	estaurant CATEGORY: All Al	cohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR E	EMAIL ADDRESS	
ROOMS FOR A KITCHEN AREA, R	IRST FLOOR PARTITI ESTROOMS, COOLEI	IONED SO THERE ARE SEPARATE R AND STORAGE AREA. PUBLIC FORAGE. MAIN EXIT AND REAR EXI	IT.
3. the premises are now open SIGNED BY:	with all laws of the Com for business (If not expl	monwealth relating to taxes; and lain below)	
DATE.	mer or Authorized Corp ONE NUMBER:	orate Officer EMPLOYER IDENTIFICATION NUI	MBER:
	01,21,01,1221	(Note: NOT Individual Social Security N	umber)
Acts of 2004, signed by the building	inspector and the hea	ne certificate required by Chapter 304 of d of the fire department for the above i required by Chapter 116 of the Acts of	named
Please Check Below:		LOCAL LICENSING AUTHORITY	
APPROVED: DISAPPROVED: (If disapproved explain)		By:	
		-	
DATE:		-	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 11280	J0047	CITY OR TOWN SOMERS.	C1
APPLICATION FOR RENI	EWAL: Annual	LICENSED FOR 2	2013
	CLASS		YEAR
	E GRIDIRON SPORTS BAR		
ADDRESS 150 SLADES F			
CITY/TOWN: SOMERSE	T STATE: M	IA ZIP CODE: 02726	
MANAGER: MONTE, M	ICHAEL TYPE OF LICENSE:	Restaurant CATEGORY:	: All Alcohol
EMAIL ADDRESS: PLEASE A	LSO VISIT OUR WEBSITE AND ENTER YOU	UR EMAIL ADDRESS	
DESCRIPTION OF LICEN	SED PREMISES:		
A 3,000 SQ. FT. SPACE IN AND REAR	NA STRIP MALL STYLE BU	ILDING WITH A FRONT ENTRA	ANCE
I hereby certify and swear up	nder penalties of perjury that:		
	* •	the same premises now licensed;	
	•	ommonwealth relating to taxes; and	
3. the premises are	now open for business (If not e	xplain below)	
SIGNED BY: Indiv	idual, Partner or Authorized Co	orporate Officer	
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
Acts of 2004, signed by the	e building inspector and the h	the certificate required by Chap nead of the fire department for the ce required by Chapter 116 of the	e above named
Please Check Below:		LOCAL LICENSING AUTH	IORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 112800048		CITY OR TO	WN SUMERSE	21	
APPLICATION FO	R RENEWAL:	Annual	LI	CENSED FOR 20	013	
		CLASS			YEAR	
LICENSEE NAME	: RUSSELL D &	CHARLOTTE M LEC	NARD			
DOING BUSINESS	S A SOMERSET O	GRILLE				
ADDRESS 3105 CO	OUNTY ST					
CITY/TOWN: SO	MERSET	STATE: MA	ZIP CODI	E: 02726		
	ONARD, T SSELL D	ΓΥΡΕ OF LICENSE: Re	estaurant	CATEGORY:	Wine and Malt Regular	
EMAIL ADDRESS	:					
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR I	EMAIL ADDRESS			
DESCRIPTION OF	LICENSED PREI	MISES:				
		25' WIDE AND 100' L	ONG.			
I hereby certify and						
		of the same type for the	-			
2. the licen	see has complied w	vith all laws of the Com	monwealth relat	ing to taxes; and		
3. the prem	ises are now open	for business (If not exp	lain below)			
SIGNED BY:						
	Individual, Part	tner or Authorized Corp	orate Officer			
DATE:	TELEPH	TELEPHONE NUMBER:		OYER IDENTIFICAT		
			(Note: <u>NOT</u> Individual Social Security Number)			
We the undersigne	ed, attest that we	are in possession (1) th	ne certificate re	quired by Chapt	ter 304 of the	
, 0	•	inspector and the hea		•		
license and (2) the	certificate of liqu	or liability insurance	required by Ch	apter 116 of the	Acts of 2010.	
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY	
APPROVED:			By:			
DISAPPROVED:						
(If disapproved exp	iain)					
			-			
DATE:			-			
DITTE.						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 112800049		CITY OR TOWN	SOMERSE	T
APPLICATION FOR	R RENEWAL:	Annual	LICEN	ISED FOR 20)13
		CLASS			YEAR
LICENSEE NAME:	C & K CORPORA	TION			
DOING BUSINESS	A THE COMFORT	ZONE			
ADDRESS 1525 RIV	VERSIDE AVENUE				
CITY/TOWN: SON	MERSET	STATE: MA	ZIP CODE:	02726	
MANAGER: GRIF P.	FFIN, TIMOTH TYP	PE OF LICENSE: RO	estaurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR	EMAIL ADDRESS		J
DESCRIPTION OF	LICENSED PREMIS	SES:			
SOUTH ENTRANC BATHROOMS WIT END OF THE KITC BUSINESS SPACE ONE FEET WITH A	TH TWO ENTRANC THENTHE BACK IS ABOUT FORTY	ES TO THE KITCH EXITS IS DOWN A FEET TO THE FRO	HEN WITH ONE EX A HALLWAY THAT ONT OF THE BUIL	XIT TO THE I	STTHE
I hereby certify and s	swear under penalties	of perjury that:			
1. the renew	red license will be of	the same type for th	e same premises now	v licensed;	
2. the license	ee has complied with	all laws of the Com	monwealth relating	to taxes; and	
3. the premi	ses are now open for	business (If not exp	lain below)		
SIGNED BY:					
	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHONE NUMBER:		EMPLOYER IDENTIFICATION NUMB		
			(Note: NOT In	dividual Social S	ecurity Number)
Acts of 2004, signed	d, attest that we are d by the building ins certificate of liquor	spector and the hea	nd of the fire depart	ment for the	above named
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	1111)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	:112800050		CITY OR TOWN	SOMERSE	Т	
APPLICATION FOR RENEWAL: An			LICENS	SED FOR 20	2013	
		CLASS			YEAR	
LICENSEE NAME:	1159 READ STREE	T LLC				
DOING BUSINESS	A LIL AUDREYS					
ADDRESS 1159 REA	AD STREET					
CITY/TOWN: SOM	IERSET	STATE: MA	ZIP CODE:	02726		
MANAGER: CARO	ON, DONALD TYPE	E OF LICENSE: Pac	ekage Store CA	ATEGORY:	Wine and Malt Regular	
EMAIL ADDRESS:						
1	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR E	MAIL ADDRESS			
DESCRIPTION OF I	LICENSED PREMISE	ES:				
	OX 2052 SF. ONE EN WEST WALLS. STO		ONT SIDE. MAIN S	ALES AREA	A WITH	
	e has complied with a es are now open for b		_	taxes; and		
SIGNED BY:	Individual, Partner o	or Authorized Corpo	orate Officer			
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LICENS By:	ING AUTHO	ORITY	
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 11	. 2800051		CITY OR TOW	N SOMERSE	21
APPLICATION FOR RI	ENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: K	,	ARA			
DOING BUSINESS A	CAMARA'S CAFE				
ADDRESS 1212 COUN	TY STREET				
CITY/TOWN: SOMER	RSET	STATE: MA	ZIP CODE:	02726	
MANAGER: CAMAR KATHLI	,	F LICENSE: Rest	aurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEA	ASE ALSO VISIT OUR WEBSITI	E AND ENTER YOUR EM	AIL ADDRESS		_
DESCRIPTION OF LIC	ENSED PREMISES:				
FRONT ENTRANCE A	ND REAR EXIT				
I hereby certify and swea	ar under penalties of p	erjury that:			
1. the renewed l	icense will be of the s	ame type for the s	same premises n	ow licensed;	
2. the licensee h	as complied with all l	aws of the Comm	onwealth relatir	ng to taxes; and	
3. the premises	are now open for busi	ness (If not explain	in below)		
SIGNED BY:					
In	ndividual, Partner or A	Authorized Corpor	rate Officer		
DATE:	TELEPHONE N	UMBER:	EMPLO	YER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: Note:		
We the undersigned, a Acts of 2004, signed by					
license and (2) the cert					
Please Check Below:			LOCAL LICE	ENSING AUTH	ODITV
APPROVED:			By:	ANSING AUTH	OKITT
DISAPPROVED:			By.		
(If disapproved explain)			-		
			-		
DATE:					